MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

Privacy Act Statement: OPNAVINST 1300.14C authorizes collection of this information. This form is completed by a military/civilian physician, nurse practitioner, physician assistant, or independent duty corpsman to identify medical, dental or educational conditions for the purpose of making a suitability recommendation for an overseas, remote duty, or operational assignment. The military treatment facility (MTF) Suitability Screening Coordinator will place the completed original form in the service or family member's MTF medical record and retain a copy for audit. Disclosure is voluntary, however, failure to provide this information may delay the screening process, result in orders held in abeyance until completion of screening or affect the amount of leave in transit. Refer to BUMEDINST 1300.2A for implementing guidance. *Complete one form for each service and family member screened.*

scree	ning or a	ffect th	e am	ount of leave in transit	. Refer to BUMEDINST 1300.2	A for implementing of	guidance. Complete one form for each service				
and family member screened. SERVICE MEMBER NAME					GRADE / RATE		SSN				
FAMI	LY MEN	BER N	IAME		FAMILY MEMBER PREFIX		SSN				
NEVI	DUTY	TATIC	NI L	CATION & UNIT IDE	NTIFICATION CODE (LUC):	TYPE DUTY OF A	CONTRACTION CODE (I)				
NEXI	NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC): TYPE DUTY CLASSIFICATION CODE: (Navy enlisted only)										
					PART						
Medic	Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Attach the completed Report of Medical History (DD 2807-1) to this form.										
Yes	No No	N/A	y, or	operational assignmen	it. Attach the completed Repor		(DD 2807-1) to this form.				
103	140	11//3	1.	ITEM All current health records (military and civilian) reviewed?							
•			2.								
		3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?									
			4.		o-to-date and meet destination of						
			5.		documented on DD 2215?						
			6.	Latest audiogram (DI							
			7.	HIV testing complete							
			8. 9.	DNA testing complete	ed and documented? nsults or tests that have a beari	na on occianment o	uitabilit./2				
					or medical board(s)? (documer		unability?				
					ers, annual preventive health as		rrent and documented?				
			***************************************	For servicewomen:	,		Non and documented.				
				a. Annual health asse	essment current and documente	d?					
				b. Pregnancy screeni	ng (verbal inquiry)?						
				c. If pregnant? (EDC:							
			13.	For family members,	U.S. Preventive Services Task	Force screening test	t recommendations current and documented?				
	<u> </u>						napter 15, section IV, is disqualifying?				
	r		15.		ons requiring ongoing care in th						
					ons (e.g., chronic back, knee, jo nditions (e.g., chest pain/angina						
					ions (e.g., chronic pelvic pain, a						
					ons (e.g., seizure, pinched nerv						
VALUE OF		······			ons (e.g., asthma, RAD, chroni		,				
							ality disorder, ADD/ADHD, anxiety, psychosis)				
	g. Recurrent or frequent medications (<i>list on DD 2807-1</i>)										
	h. Alcohol or substance abuse or dependence										
	i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)										
	j. Specify other conditions or concerns:										
ШШ	16. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)										
-1 <u>-</u> 1 - 1 - 1					e maintenance phase of treatme		P.C. al.				
				 Should medication disruptive behavio 	use cease, could the underlying or result in a limited duty, MEI	g condition become DEVAC, or early retu	life threatening, pose a risk for dangerous or irn situation?				
c. Is the medical staff at the gaining MTF/operational platform capable of managing the medication m							managing the medication manipulation(s) if the				
				underlying condition d. Has the service/fai	on exacerbates? mily member registered with the	TRICARE Mail Ord	ler Pharmacy program?				

	<i></i>	N	B1/A							
	es	No	N/A		ITEM					
Ш	Ш			17. For service/family members with under	lying medical conditions: (if not applicable, check block and skip to #18)					
				a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?						
				 b. If exposed to a physically or emotion threatening, pose a risk for dangero 	b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?					
				c. Can the gaining MTF/operational pla	atform provide the current required medical support?					
				 d. Can the gaining MTF/operational pla underlying condition is exacerbated 	atform provide required medical support (diagnostic and therapeutic) if the					
				e. Are there any chronic medical or me	ental health conditions requiring routine or continuing access to care or access to					
				specialized medical care? (document on DD 2807-1) f. If required, were potential environmental concerns and possible health effects communicated to each service and						
				family member? (document on appr	family member? (document on appropriate SF 600 overprint)					
				intervention services as evidenced by a	For infants and toddlers (birth through 2 years, inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?					
				receive special education and related s	For preschool and school children (ages 3 through 21, inclusive) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD					
				2792, Addendum B? 20. Specify other concerns:						
			20. Specify other concerns.							
				•						
D	IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)									
Yes			No IS THE SERVICE/FAMILY MEME ASSIGNMENT? (completed by a	BER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL MTF medical screener only)						
MTF Medical Screener (Signature) Date					Civilian Medical Screener (Signature) Date					
Printed Name, Rank or Grade					Printed Name					
MTF or Duty Station					Address					
Telephone Number (include area/country code)					City, State, and Zip Code					
DSN Number					Telephone Number (include area/country code)					
Telefax Number (include area/country code)					Telefax Number (include area/country code)					
Ē	-mail	Addres	S		E-mail Address					

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PART II								
SERVICE	/ FAMILY	MEMBER NAME	GRADE / RAT	TE / FAMILY MEMBER PREFIX	SSN			
for the pur	reening. rpose of a	Completed by a military/civilian dental of seessing and matching the dental needs	officer or privileg s of a service/far	ged provider prior to an overseas, re mily member to the support capabil	emote duty, or operational assignment ities of the gaining Military Treatment			
Facility.	o N/A	<u> </u>	***	ITEM				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	All current dental records (military a	and civilian) revi					
	All dental examinations are current? (If more than 180 days since last T-1 or T-2 dental exam, a dental officer or privileged provider must, at a minimum, review the dental recode and interval medical and dental history (see MANMED, chapter 6, section XIV, 6-99).							
		3. Is a reexamination required by a N	-	•	•			
line.		4. If service/family member is in Dent						
		5. Is there a requirement for follow-on			·			
		6. Are there any chronic dental condit	tions requiring re	outine or continuing access to care	or access to specialized dental care?			
		7. Specify other concerns:						
8. Specify	y Dental C	lass: (required for service members)						
Dental Cla	assificatio	ons: (Per SECNAVINST 6600.5A)						
Normally considered worldwide deployable: Class 1 - Patients with a current dental examination, who do not require dental treatment or re-evaluation. Class 2 - Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months. Normally not considered worldwide deployable: Class 3 - Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency in the next 12 months. Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) dental examination was completed by a dental officer within the past 12 months; (2) A patient's dental record does not exist or; (3) The dental record is not held by the responsible Dental Treatment Facility or Medical Department activity.								
FACILITY THE REQI	IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, FORWARD A SUITABILITY INQUIRY TO THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. (attach reply)							
Yes				TABLE FOR THE OVERSEAS, REINING INTERPRETAGE IN THE REINING THE RE				
		17100.5.1111	d by a mi	igridioa imitary dorita estecito. e.m	<i>yy</i>			
MTF Scree	ener (Sign	ature) Da	ate	Civilian Dental Screener (Signatu	re) Date			
Printed Na	ame, Rank	or Grade		Printed Name				
DTF or Du	ity Station			Address				
Telephone	Number	(include area/country code)		City, State, and Zip Code				
DSN Numb	ber			Telephone Number (include area/country code)				
Telefax Nu	umber (inc	lude area/country code)		Telefax Number (include area/country code)				
E-mail Add	dress			E-mail Address				

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